Dear Friends of Trek Medics International,

2019 was our most successful year ever, achieving more impact in the past 12 months than in the previous 5 years combined. Our technology and experience helped emergency response agencies in 14 countries handle close to 30,000 incidents – a nearly 2,000% increase over the past year – with local responders using our solutions to respond to car accidents in East Africa, sick children in Haiti, earthquakes in Puerto Rico, house fires in Chile, heroin overdoses in the US, and hurricanes across the Atlantic, among many other life-threatening emergency incidents.

At the same time, 2019 was also the most exhausting year yet. All of our work was accomplished with moderate increases in budget and just one new staff member. That’s a lot of work for a small team that’s trying to spearhead the implementation of a simple technology to address very complicated problems. And with all that’s going on every day, it’s very easy to lose sight of the actual impact we’re having on the ground.

But every once in a while something comes across our desks to remind us of what it is we’re actually trying to achieve. Two such incidents stick out clearly in my mind from 2019.

The first incident is depicted in this photo at right which was taken by a bystander in Mwanza, Tanzania, where our long-time partners with the Tanzania Rural Health Movement (TRHM) continue to literally build an emergency response system from scratch, with nearly 1,000 total responses since they began in 2015.

Every year in Mwanza the rains come and when they do they can quickly turn into flash floods. During one particularly strong rain, a young boy was swept away by the flooding. The news of his dire situation quickly made its way to the TRHM team and an alert was sent out through Beacon, notifying nearly 100 responders across the city, including motorcycle taxi drivers, the local fire department, community health workers and medical and nursing students, prompting a massive search-and-rescue effort that lasted more than a day. As shown in this photo, the entire response effort searched far and wide looking for the young boy, with firefighters descending into the city’s open waterways in hopes of finding victim. Tragically, the young boy was never found alive and it was an absolutely devastating loss for his family, as well as a great disappointment for everyone involved in the effort. Incidents like that can be very hard to bounce back from.

The second incident that sticks out in my mind from 2019 came from a group of paramedics in the UK, who began using our Beacon software to provide emergency medical response at public events, like marathons. As a former paramedic who spent many hours working side jobs at events, I can tell you that working a marathon is usually going to be a pretty slow day – dehydration is usually the most grave patient you’ll see, along with a lot of blisters, cramps and maybe some twisted ankles – so when the medical team told us they would be using Beacon at marathons, we didn’t expect to hear too much from them. But the following week we surprised to got an email from them telling us what had happened: “We have again successfully used Beacon for another large running event last weekend. This one had a cardiac arrest occur and the system worked well, even with us sending quite a few resources at the same time to it. It helped us facilitate a swift response and achieve a very good outcome, so very positive news.”

Reading that email was a huge morale boost for us. A person’s life had literally - truly - been saved because our software told the people who needed to know where they needed, at the exact moment they were needed.

While the incident in Tanzania resulted in a tragic, premature death, and the incident in the UK resulted in a life prolonged, we’ve learned to see the same positive, uplifting lesson in both stories:

Our organization’s purpose is to build a simple communications tool to bring community members together in times of genuine need and give them the best shot they can have to make a real difference as a community.

When it works and lives are saved, there is positive reinforcement for everyone: “Your work counts; you can make a difference.” When it works, but lives are still lost, there is still positive motivation: “We’ll be more prepared for this the next time it happens.”

Both of those lessons are as true for the responders we support as it is for our organization: “Our work counts. We’re making a difference. And every day we’re getting better at making a difference - so just keep doing what you’re doing.”

All of this has been completely due to the support you provide us – because of you, we can just keep doing what we’re doing.

With deep gratitude,

Jason Friesen
Founder & Executive Director
OUR IMPACT
Emergencies Handled Per Year: 2015-2019

WITH EMERGENCIES HANDLED IN:

CHILE  COSTA RICA  DOMINICAN REPUBLIC  ECUADOR  GUATEMALA  HAITI  MALAWI  MÉXICO  NEW ZEALAND  PUERTO RICO  TANZANIA  UNITED KINGDOM  UNITED STATES
### OUR IMPACT
Organizational Highlights: 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>2019 Value</th>
<th>Change</th>
<th>2018 Value</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergencies Handled</td>
<td>28,980</td>
<td>1685%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active Responders</td>
<td>1,002</td>
<td>185%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active Programs</td>
<td>20</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disaster Deployments</td>
<td>5</td>
<td>67%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct Public Support</td>
<td>$435,983</td>
<td>48%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gift-in-Kind Services</td>
<td>$111,018</td>
<td>4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website Visitors</td>
<td>103,777</td>
<td>7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beacon App Downloads</td>
<td>3,927</td>
<td>7%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
At the center of Trek Medics’ work is the Beacon Emergency Dispatch platform. Designed to alert, coordinate and track emergency responders at the community level using any type of mobile phone, with or without Internet. The Beacon platform is comprised of three core components:

- **Beacon Web Application**, which allows emergency dispatchers to create alerts and manage the local response network through real-time maps and monitoring tools
- **Beacon Mobile Application**, which allows emergency responders with smartphones and Internet connectivity to receive and respond to emergency alerts, communicate with other responders, and interact with real-time maps
- **Beacon SMS**, which allows emergency responders without smartphones and/or Internet connectivity to receive and respond to emergency alerts through SMS text messages

In 2019, Trek Medics released three significant updates to both the Web and Mobile Applications, developed innovative functionality, and improved security and performance drastically. It was an inspiring year as our platform continued to blaze a new trail in making quality emergency communications tools available for communities that don’t traditionally have access to them.

Another breakthrough achievement for our platform this year was the addition of call intake capabilities. Effective emergency communications consist of two distinct, yet inseparable components:

- **Reporting** - How the public calls for help when there’s an emergency - e.g., calling 911
- **Dispatching** - How the proper resources are alerted and coordinated to respond to emergency incidents

Our Beacon platform has always been focused on the second leg - dispatching. And this has always been a deliberate and purposeful decision. There are a million existing technological solutions that can give people a way to call for help - from smoke signals to digital signals, when people need help there are myriad technologies available to call for it. But when it came to call intake software for a high-volume call center, the existing solutions were complicated and expensive - and well beyond our scope.

By very good fortune, we learned that our friends and longtime supporters at Twilio had recently released a new cloud-based call center management platform called **Twilio Flex**. Flex was built for businesses to build their own customer support call centers and is compatible with pretty much any type of communications technology available today, whether voice, text or chat. After only a few minutes playing with Flex, we quickly saw that it could work just as well for an emergency call center – and it could also embed Beacon directly into it. In short, we found the perfect complementary tool for Beacon, giving us a seamless solution to build end-to-end emergency communications systems with little more than a laptop computer and a single Internet connection for the dispatchers. Today, the Beacon-Flex integration serves as the backbone for the country of Malawi’s first national emergency call center, handling on average 2,000 calls per month.
2019 was a banner year for the support we provide to emergency medical services and fire department, adding several new, unique programs to the roster of emergency services we’re already supporting.

In March, we returned to Malawi to complete the implementation of the nation’s first formal emergency medical call center. With much-needed on-the-ground support from Yong Lee of Vision Point Systems, our intern extraordinaire Casey Shea McGillicuddy, the World Bank, and Twilio, our team worked with the Malawian Ministry of Health, Roads Authority, and three telecom companies to set up the nation’s first, fully-functioning emergency call center, capable of receiving toll-free calls from anywhere in the country and dispatching ambulances and hundreds of community responders along a 225-mile stretch of highway.

In addition to the call center, Jason and Casey worked with the Malawian Ministry of Health to draft and finalize the accompanying EMS Operations Manual. Totaling close to 450 pages, the operations manual covered everything an EMS system entails, including safe driving guidelines, medication protocols, documentation standards, and fleet maintenance schedules, among many, many other topics.

In August, we returned to Haiti to work with Dr. Eric Nelson and Molly Klarman from the University of Florida to launch and implement the MotoMeds Healthline program. MotoMeds is a call center and mobile pediatric call service that prevents pre-emergent illnesses such as fever and diarrhea from transitioning into emergencies during the nighttime hours when children are most vulnerable and isolated — a critical preventative service where emergency care is often prohibitively expensive and inaccessible in resource-limited settings.

The MotoMeds team consists of Nurse-Dispatchers, who receive phone calls from parents in the community, perform an over-the-phone assessment, triage the severity of the child’s illness, and then determine the best course of action. If they need to make a medication delivery or perform a home assessment, the nurses use Beacon to alert and coordinate motorcycle taxi drivers in the community to make pickups and deliveries.

Other new developments in our work in EMS included new programs in Tanzania, Guatemala, Ecuador, Puerto Rico, the UK and US. To learn more, visit: https://www.trekmedics.org/programs/
In 2017, a string of devastating hurricanes in the Caribbean and US highlighted the need for improved communications tools to deploy, coordinate and manage formal and informal resources in post-disaster settings when the existing infrastructure was overwhelmed and/or inaccessible.

Based on our experience working with community-based emergency response groups in the Caribbean and the US, we saw how our Beacon platform could be used to improve access to emergency care and transport for disaster victims. By relaying requests for emergency assistance as text messages to the nearest community responders and then coordinating them to locate, triage and transport patients with acute medical conditions to the nearest facility, Beacon could provide a no-frills dispatching system in austere, post-disaster settings.

One major problem, however, was Beacon’s onboarding process. The way Beacon was originally designed made it difficult for new response groups and agencies to launch the platform without time-intensive support from Trek Medics staff.

Thanks to the support of Cisco Systems, we were able to make Beacon more accessible to local response agencies in challenging settings through two main activities:

1. The development of new Beacon functionality to allow local responders to design, develop and launch sustainable community-based emergency response networks in less than 30 minutes, and
2. Beta-testing and deployment in three disaster sites

In 2019, we were able to make all of the new updates live and were proud to see Beacon being used by a number of response agencies, ranging from the Cajun Navy 2016 to the US Coast Guard, dispatching responders during hurricanes, tropical storms, floods and even two earthquakes in Puerto Rico. Included here at right is a snapshot of the results.

While much has been achieved, and even more experience has been gained, there’s still a lot more that can be done to improve communications tools for disaster response – and we’ll definitely be sticking with it. To learn more, visit: https://www.trekmedics.org/beacon/disaster/
For well over ten years now, the US has been suffering from an opioid epidemic that has only been getting worse. Trek Medics has found itself uniquely qualified to support efforts to respond to the epidemic, resulting from our experience working in many areas that converge within the epidemic:

- As US-trained EMS professionals, we can say that there will never be enough ambulances to respond to every overdose as quickly as needed -- the demand for ambulances is already too high in the US and overdoses need to be reversed within minutes

- As a nonprofit dedicated to working with marginalized communities, we know we’ll never convince every drug user to call 911 as soon as they witness an overdose -- and despite the existence of good Samaritan protections

- As a nonprofit that dedicated to improving public health, we know that naloxone is so effective we should be able to completely eradicate opioid overdoses -- the only thing getting in the way is stigma against drug users

- As individuals who have personally lost loved ones to opioid overdoses, we know that many drug users and their advocates are already using informal networks to find naloxone when overdoses happen

For the past five years, we’ve been seeking support to take these learnings and build a program around them that would empower communities and organizations to tackle the opioid epidemic head-on. The program would do the same thing we’re doing everywhere else through our Beacon platform: Whenever an overdose is reported to 911 (or any other drug abuse hotline) dispatchers would send text message alerts to nearby community responders equipped with naloxone who would be able to respond quicker than the ambulance and thus reverse the overdose sooner -- “Uber for overdoses”, for simplicity’s sake.

Thanks to the support of Purdue Pharma and Amerisource Bergen, 2019 marked Trek Medics’ formal entry into efforts to reduce the number of fatal opioid overdoses in the US. Our first program was launched in northwestern Puerto Rico, where community responders in Isabela have already begun to save lives by responding to text message alerts sent through Beacon advising them when and where an overdose is happening, with additional programs scheduled to launch in early 2020. To learn more about our work in combating opioid overdoses, visit: https://www.trekmedics.org/beacon/overdose/
Story from a local Guatemalan newspaper detailing the heroic rescue of an entrapped by members of the Volunteer Firefighters, Company 69, who began using Beacon after the Fuego Volcano eruption in June 2018

Email from a satisfied user in western Texas, USA

Email from a satisfied user in New Zealand

Email from a satisfied user in the United Kingdom

Hi Jason,

Just to let you know that we have again successfully used Beacon for another large running event last weekend. This one had a cardiac arrest occur and the system worked well, even with us sending quite a few resources at the same time to it. It helped us facilitate a swift response and achieve a very good outcome, so very positive news.

Kind regards,

B
March 2019 - Jason had the great opportunity to give a TEDx talk at Columbia University entitled, “What do we do when 911 isn’t enough?” See the full TEDx Talk at: https://www.trekmedics.org/resources/videos/

August 2019 - Jason and Yong Lee of Vision Point Systems were invited to present at the Twilio Signal conference in San Francisco on our work together implemented Malawi’s first emergency medical system. See the full presentation at: https://www.trekmedics.org/resources/videos/

April 2019 - Jason and Dr. Marko Hingi, founder of Tanzania Rural Health Movement pose with members of St. John’s Ambulance Uganda at the ICT4D conference in Kampala, Uganda, where Dr. Hingi presented on our joint program in Mwanza, Tanzania.
If we’re going to keep up the pace of gains achieved in 2019, we’re going to need to grow as an organization, increase our reach, improve our software, and attract new support.

Here’s what Trek Medics is aiming for in 2020:

<table>
<thead>
<tr>
<th>Admin</th>
<th>Add New Board Members with background in tech, finance, legal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Increase the number and amount of contracts to continue on the road to organizational sustainability</td>
</tr>
<tr>
<td>Field Programs</td>
<td>Launch Beacon with three new high-volume EMS systems</td>
</tr>
<tr>
<td></td>
<td>Launch Beacon with at least three opioid overdose response programs</td>
</tr>
<tr>
<td></td>
<td>Expand our base of disaster response users</td>
</tr>
<tr>
<td></td>
<td>Decrease attrition rate of Self-Directed Web Users</td>
</tr>
<tr>
<td></td>
<td>Improve Onboarding Materials</td>
</tr>
<tr>
<td></td>
<td>Improve Support Materials</td>
</tr>
<tr>
<td></td>
<td>Increase the amount and frequency of promotional content via:</td>
</tr>
<tr>
<td>Beacon</td>
<td>Increase flexibility and versatility of responder allocation</td>
</tr>
<tr>
<td></td>
<td>Rewrite Mobile Apps as native code</td>
</tr>
<tr>
<td></td>
<td>Rewrite Chat Functionality and incorporate voice messaging</td>
</tr>
<tr>
<td>Business Development</td>
<td>Increase budget by 50%</td>
</tr>
<tr>
<td></td>
<td>Increase web traffic by 25%</td>
</tr>
<tr>
<td></td>
<td>Expand social media presence to increase user acquisition</td>
</tr>
</tbody>
</table>
Trek Medics International
2019 Statement of Activities

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gift-in-Kind</td>
<td>$111,018</td>
<td>$107,204</td>
<td>$58,175</td>
</tr>
<tr>
<td>Direct Public Support</td>
<td>$435,984</td>
<td>$295,229</td>
<td>$219,719</td>
</tr>
<tr>
<td>Program Income</td>
<td>$47,979</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>$6,666</td>
<td>$706</td>
<td>$1,033</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$601,648</td>
<td>$403,139</td>
<td>$278,927</td>
</tr>
</tbody>
</table>

| **Program Expenses** |        |         |         |
| Field Programs      | $44,385 | $28,879 | $34,270 |
| Operations (HQ)     | $5,578  | $5,900  | $3,370  |
| Contract Services*  | $328,961 | $243,510 | $206,625 |
| Facilities and Equipment | $7,316  | $7,453  | $13,000 |
| **Total Program Expenses** | $386,240 | $285,742 | $257,265 |

| **Support Expenses** |        |         |         |
| Travel and Meetings | $33,972 | $17,894 | $18,019 |
| Business Expenses   | $7,157  | $9,094  | $9,209  |
| Marketing / Advertising | $2,661  | $3,808  | $2,044  |
| **Total Support Expenses** | $43,790  | $30,794 | $29,271 |

| **Total Expense**    | $430,030 | $316,538 | $286,537 |

| **Net Revenue**      | $171,617 | $86,600  | $(7,610) |

* Gift-in-Kind includes pro bono services provided by technical experts, including software developers, communications specialists, and accountants

* Contract Services includes staff salaries for:
  - Senior Management = $90,153
  - Software Developers = $127,790
  - Volunteer Gift-in-Kind = $111,018

A construction worker gives thanks to God after being rescued from a well by the Guatemala Volunteer Fire Department, Company 69.
## Detailed Statement of Activities
### 2019

<table>
<thead>
<tr>
<th>Income</th>
<th>Admin</th>
<th>Field Programs</th>
<th>Beacon</th>
<th>Business Development</th>
<th>Fundraising</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Public Support</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 200,000</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 235,984</td>
</tr>
<tr>
<td>Gift-in-Kind*</td>
<td>$ 10,050</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 46,818</td>
<td>$ 111,018</td>
</tr>
<tr>
<td>Program Income</td>
<td>$ 0</td>
<td>$ 500</td>
<td>$ 47,479</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 47,978</td>
</tr>
<tr>
<td>Other Types of Income</td>
<td>$ 1,612</td>
<td>$ 0</td>
<td>$ 1,903</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 6,666</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>$ 11,662</strong></td>
<td><strong>$ 500</strong></td>
<td><strong>$ 200,000</strong></td>
<td><strong>$ 10,050</strong></td>
<td><strong>$ 46,818</strong></td>
<td><strong>$ 239,135</strong></td>
</tr>
</tbody>
</table>

| Expense                         |       |                     |                            |                      |             |               |
| Contract Services*              | $ 21,550 | $ 2,775          | $ 37,202                   | $ 61,784             | $ 45,980    | $ 328,961     |
| Facilities and Equipment (US)   | $ 7,316 | $ 0                | $ 0                        | $ 0                  | $ 0         | $ 7,316       |
| Business Expenses               | $ 6,161 | $ 0                | $ 840                      | $ 1                  | $ 0         | $ 7,157       |
| Promotion                       | $ 3,143 | $ 0                | $ 1,746                    | $ 0                  | $ 0         | $ 2,661       |
| Operations (HQ)                 | $ 4,910 | $ 1,109          | $ 577                      | $ 131                | $ 0         | $ 5,614       |
| Travel and Meetings             | $ 179  | $ 6,050           | $ 34,078                   | $ 4,042              | $ 0         | $ 44,349      |
| **Total Expense**               | **$ 43,081** | **$ 30,767** | **$ 30,820**              | **$ 38,300**         | **$ 57,476** | **$ 430,030** |

| Net Ordinary Income            | $(31,419) | $(25,767)    | $(169,180)                | $(3,830)             | $(11,279)   | $(171,617)    |

*Gift-in-Kind* includes pro bono services provided by technical experts, including software developers, communications specialists, and accountants.

*Contract Services* includes staff salaries for:
- Senior Management = $90,153
- Software Developers = $127,790
- Volunteer Gift-in-Kind = $111,018

*Agency Support* refers to monthly support provided to partner response agencies to subsidize costs associated with operations, specifically: Internet, SMS, mobile devices, computers, fuel, first aid supplies, training materials.
OUR SUPPORTERS

Karen Alampi
Anonymous
Lisa Bales
Thomas Barker
Marla Batchelder
Jen Benedict
Will Benedict
Krysta Butler
Matthew Camp
David Campbell
Karen & Christopher Charlton
Neil Clark
Gene Colucci
Erin Connor
Mickey Cowden
Wilfred & Missy Dawa
Velda Decker
Meg Fitzgerald
Mark Fleury
Daniel Foote
Norris & Grace Friesen
Quinton & Gail Friesen
Scott & Sandy Friesen
Todd & Rachael Friesen
Jill Gamache
Benjamin Gilmour
Luke Glaude
Sheila Goldfarb
Jeffrey Gray
Daniel Hulseberg
Lukas Keller
Yong Lee
Danielle Lewis Levy
Lucia LoMonaco
Ted & Cindy Maurer
The McArдрle Family
Casey Shea
McGillicuddy
John McGrath
Roberta & Ted Meier
Veronica Momjian
Franklin Mora
Matthew Morley
Kevin Munjal
Sandrina Navalli
Meghan Nesbit
Reynaldo Ortiz Santos
Geoffrey Parkinson, Jr.
Geoffrey Parkinson, Sr.
Christopher Patrick
Caitlin Prinsen
William Prescott
Purdue Pharma Employee Giving
Nadine Qashu Lim
Jocelyn Rheem
Perry Robinson
Matt Simmons
Alex Simon
Thomas Tempé
Jonathan Washko
Charlie Weems

Bill and Ann Bresnan Foundation
Henry E. Niles Foundation